

POST-ACCIDENT HOSPITAL AUTHORIZATION FORM

CONSENT AND RELEASE OF INFORMATION

I understand that I must be tested for drugs and alcohol following an accident that requires such testing pursuant to 49 CFR 382.203 and Gallipolis City School District regulation EEACD-R. I also understand that any necessary medical attention will not be delayed and that I may leave the scene of the accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care. However, I will remain readily available to be tested as required.

I hereby authorize any hospital, medical personnel, law enforcement officials, collection site, or testing laboratory to release any information to the designated School District representative(s), necessary to meet the requirements of 49 CFR 382.203 and/or Board regulation EEACD-R.

I understand that my failure to submit to a drug and alcohol test as required or my failure to remain readily available for a test will be treated as refusal to be tested. Further, I understand that if I do not authorize a hospital, medical personnel, law enforcement officials, collection site, or testing laboratory to release my drug and alcohol testing information that I am refusing to submit or make myself readily available for a drug and alcohol test as required by 49 CFR Part 382 and/or board regulation EEACD-R.

_____	_____	_____
Driver's Name (print)	Driver's Signature	Date
_____		_____
Witness		Date

[Adoption date: November 20, 1995]

Revised July 17, 1996